



Arizona Department of Water Resources
Water Management Support Section
P.O. Box 33589 Phoenix, Arizona 85067-3589
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www.azwater.gov

Notice of Intent to Abandon a Well

NO FEE

- ❖ Review instructions and the Well Abandonment Handbook prior to completing form with black or blue ink.
- ❖ You must include with your Notice:
 - Well construction diagram showing all existing well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6.

**** PLEASE PRINT CLEARLY ****

AMA / INA		B		SB	
RECEIVED	DATE	WS			
ISSUED	DATE	WQARF	CERCLA		

FILE NUMBER
WELL REGISTRATION NUMBER
55 -

SECTION 1. REGISTRY INFORMATION

Well Type		Location of Well					
CHECK ONE		WELL LOCATION ADDRESS (IF ANY)					
<input type="checkbox"/> Domestic	<input type="checkbox"/> Monitor / Piezometer	TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
<input type="checkbox"/> Stock	<input type="checkbox"/> Geotechnical				1/4	1/4	1/4
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Mineral Exploration	COUNTY ASSESSOR'S PARCEL ID NUMBER			COUNTY WHERE WELL IS LOCATED		
<input type="checkbox"/> Municipal	<input type="checkbox"/> Other (please specify):	BOOK	MAP	PARCEL			
ORIGINAL WELL OWNER (IF KNOWN)		LATITUDE LONGITUDE					
ORIGINAL WELL DRILLING FIRM (IF KNOWN)		DRILL DATE (IF KNOWN)		Degrees Minutes Seconds "N Degrees Minutes Seconds "W			
		METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held					
		<input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade					
		*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)					
		<input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):					

SECTION 2. OWNER INFORMATION

Well Owner		Landowner (if different from Well Owner)	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL	
MAILING ADDRESS		MAILING ADDRESS	
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE	
CONTACT PERSON NAME AND TITLE		CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX

SECTION 3. ABANDONMENT AUTHORIZATION

Drilling Firm		Consultant (if applicable)	
NAME		CONSULTING FIRM	
DWR LICENSE NUMBER	ROC LICENSE CATEGORY	CONTACT PERSON NAME	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX
		E-MAIL ADDRESS	

SECTION 4.

Questions	Yes	No	If Yes:
1. To your knowledge, is there any information that exists which indicates that the water in this well has been, may be, or is contaminated?			EXPLAIN (ATTACH ADDITIONAL PAGE IF NECESSARY)
2. Is there another well name or identification number associated with this well? (e.g., Lot 3 Well, MW-1, etc.)			PLEASE STATE
3. Was the well casing video logged?			
4. Why is the well being abandoned?			

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Provide a well construction diagram showing all existing well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6.

WELL REGISTRATION NUMBER

55 -**SECTION 5. ORIGINAL WELL CONSTRUCTION DESIGN** (attach additional page if needed)

Existing Borehole			Existing Casing (to the best of your knowledge)													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)					SLOT SIZE IF ANY (inches)	
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED		IF OTHER TYPE, DESCRIBE

Condition of casing: ☐ Good ☐ Fair ☐ Poor**Existing Annular Material** (to the best of your knowledge)

DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (T)							FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				

SECTION 6. PROPOSED WELL ABANDONMENT DESIGN (attach additional page if needed)

DATE ABANDONMENT IS TO BEGIN

Refer to ADWR's Well Abandonment Handbook for additional information.

Casing Treatment					Sealing or Fill Material											
DEPTH FROM SURFACE		TREATMENT TYPE (T)				DEPTH FROM SURFACE		MATERIAL TYPE (T)							MIXING RATIO by (check one) <input type="checkbox"/> Weight <input type="checkbox"/> Volume	ESTIMATE D VOLUME OF MATERIAL (cubic feet)
FROM (feet)	TO (feet)	SONAR JET	BRUSH OR SCRAPE	MILLS KNIFE	CASING REMOVAL (explain in Remarks)	IF OTHER TYPE, DESCRIBE OR IF CASING IS TO BE PERFORATED, DESCRIBE SPACING AND SIZE OF PERFORATIONS TO BE ADDED	FROM (feet)	TO (feet)	NEAT CEMENT	CONCRETE	SAND-CEMENT GROUT	CEMENT-BENTONITE GROUT	SAND-BENTONITE GROUT	HIGH SOLIDS BENTONITE		

Proposed Abandonment Method (See Well Abandonment Handbook)

CHECK ONE

- ☐ Standard Method ☐ Alternative 4: ☐ Other (please specify):
☐ Alternative 1 ☐ Variance Option *
☐ Alternative 2 ☐ Alternative 5:
☐ Alternative 3 ☐ Variance Option 1* * requires a letter requesting a variance
 ☐ Variance Option 2*

Emplacement Method of Sealing or Fill Material

CHECK ONE

- ☐ Gravity
☐ Pressure Grouting
☐ Tremie Pumped
☐ Other (please specify):

REMARKS

I state that this notice is filed in compliance with A.R.S. § 45-594 and A.A.C. R12-15-816 and is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE

SIGNATURE OF WELL OWNER

DATE

TYPE OR PRINT NAME AND TITLE

SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS)

DATE